

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

Substitute for Form PTO-1360  
 (For use with Form PTO/SB/06)

Application Number

101564,914

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep		Depend		Indep		Depend	
1	1		1											
2		1		1										
3		1		1										
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Total	2		2											
Indep	2		2											
Total	8		8											
Depend	8		8											
Total	10		10											
Claims	10		10											

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